

Financial Agreement for Patients

The following is the financial policy for Blue Sky Dental Care patients with dental insurance.

Blue Sky Dental Care accepts assignment of dental insurance benefits. This mean you must sign the portion of your insurance payments over to our office, or pay in full the day of the service and have the insurance company pay you directly.

Please read carefully and initial the following:

_____ Most dental policies do NOT cover 100% of the cost of your treatment. We encourage you to think of your insurance as more of a coupon towards your treatment. You will be responsible to pay the deductible, if any, and your co-pay the day the service is rendered. We estimate as closely as possible what your co-pay will be, but until we receive payment from your insurance, it is only an estimate.

_____ We will assist you in dealing with your insurance company, but ultimately, the responsibility lies with you. If after 45 days the insurance still has not paid, the balance will be your responsibility and due in full.

If Applicable:

Minor patients must be accompanied by an adult. The parent or legal guardian will be responsible for any payments. For unaccompanied minors, non-emergency services will be denied unless charges have been pre-authorized to an approved credit plan, credit cared, or payment by cash or check at the time of the service.

MISSED APPOINTMENTS

Unless cancelled at least 48 business hours in advance, you will be charged a \$50 fee for the missed appointment. Last minute cancellations and no-shows are a problem for us since we can only see one patient at a time. Please help us provide you better care by keeping your scheduled appointments.

I have read and understand the financial agreement and agree to the terms therein.

Signature _____ Date _____